

Certification Registration Form

Pre-registration is required to guarantee participation. Return this form 14 days prior to desired test date.

Type or print information neatly with black or blue ink. If extra copies are needed, this form may be reproduced. Fill out the registration form with care. If the registration form is incorrect or unclear, your test registration may be delayed or denied.

Test Site & Date:
San Antonio, Texas
 Saturday, November 5, 2011
 12:30 pm - 6:00 pm ~ Convention Center Room (216 A)
Special Request: Spanish Certification Book
 (Check any if needed) Verbal Test

1. **Name** Last Name _____ First Name _____ Middle Initial _____

2. **Telephone Number (Daytime)** [_____]

3. **Home Mailing Address** Street _____

City _____ State/Province _____ Country _____ Zip/Postal Code _____

E-mail _____

4. **Qualifications:** Complete the following sections for qualification to complete the certification program/examination.

QUALIFICATION A: Experience as a portable sanitation worker. (If less than one year, certificate will be held until the one year anniversary date of employment.)

Current Employer _____

From _____ Month _____ Year _____ (Current Employer)

Address _____ Street _____

City _____ State/Province _____ Country _____ Zip/Postal Code _____

Tel. # [_____] Fax # [_____]

E-mail _____

If less than one (1) year experience in the portable sanitation field with current employer, complete this section. Use additional paper if needed.

Previous Employer _____

From _____ Month _____ Year _____ To _____ Month _____ Year _____

Address _____

City _____ State _____ Zip _____

Country _____ Telephone [_____]

QUALIFICATION B: (Space provided on next page)

_____ I am enclosing the name of my employer's primary disposal site in the area I operate.

QUALIFICATION C: (Space provided on next page)

_____ I am supplying two (2) reference names and contact information of individuals who are able to attest to my experience.

5. **COST:** PSAI Member \$50.00 Non-PSAI Member \$100.00

6. **AUTHORIZATION:** By signing and returning this form, I accept the terms set forth in the registration criteria concerning certification test requirements.

Signature _____ Date _____

Mail this form with payment to:

Portable Sanitation Association International 952-854-8300 / 800-822-3020
 7800 Metro Parkway - Suite 104 Fax: 952-854-7560
 Bloomington, MN 55425 USA E-mail: info@psai.org



Check Enclosed Visa Mastercard American Express

Card Number: _____ Exp. Date: _____

Cardholder Signature: _____

Cardholder Name: _____ Please Print

Qualification B: Name, address & phone number of primary disposal site in the area I operate.

Disposal Site Name

Address

City

State/
Province

Zip/
Postal Code

Country

Telephone

Qualification C: Name & address of two (2) reference names who are able to attest to my experience.

Contact Name	Contact Name
Company Name	Company Name
Address	Address
City State/ Province Zip/ Postal Code Country	City State/ Province Zip/ Postal Code Country
Telephone	Telephone

If you have any special needs or require any special assistance, please indicate them below:

Special needs or assistance can include verbal testing, reading comprehension help, key notes required due to reading disability i.e., dyslexia, etc. The PSAI must be aware of these needs in order to grant assistance.



Portable Sanitation Association International

7800 Metro Parkway - Suite 104

Bloomington, MN 55425

952-854-8300 • 800-822-3020 • Fax: 952-854-7560

E-mail: info@psai.org • Web: www.pesai.org